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**PART J**  
**PESTICIDES RECORDKEEPING**

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**WAC 296-307-145 Pesticides recordkeeping.**

[Recodified as § 296-307-145. 97-09-013, filed 4/7/97, effective 4/7/97. Statutory Authority: RCW 49.17.040, [49.17.]050 and [49.17.]060. 96-22-048, § 296-306A-145, filed 10/31/96, effective 12/1/96.]

**WAC 296-307-14505 What records must an employer keep for pesticide applications?**

- (1) If you apply pesticides, or have pesticides applied for you, related to the production of an agricultural crop, you must keep records for each application. The records must include the following:

(a) The address or exact location where the pesticide was applied or stored;

*Note: If you apply pesticides to one acre or more, the location must be shown on the map on the required form for at least the first application.*

(b) The year, month, day, and time the pesticide was applied or stored;

(c) The product name on the registered label and the United States Environmental Protection Agency registration number, if applicable, of the pesticide that was applied or stored;

(d) The crop or site to which the pesticide was applied (application crop or site);

(e) The amount of pesticide applied per acre, or other appropriate measure;

(f) The concentration of pesticide applied;

(g) The total area to which pesticide was applied;

(h) If applicable, the licensed applicator's name, address, and telephone number and the name of the individual(s) making the application;

(i) The direction and estimated velocity of the wind at the time the pesticide was applied;

*Exception: Wind information does not have to be recorded for applications of baits in bait stations and pesticide applications within structures.*

(j) Any other reasonable information required by the department.

- (2) A commercial pesticide applicator must provide a copy of the pesticide application records to the owner or lessee of the lands to which the pesticide is applied. Pesticide application records may be provided on any form that includes all required information.

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**WAC 296-307-14505 (Cont.)**

- (3) You must update records on the same day that a pesticide is applied. You may use a copy as the record of the pesticide application. You must maintain the records for at least seven years after the date of the application.
- (4) You must ensure that pesticide application records are readily accessible to employees and their designated representatives in a central location in the workplace. The records must be available beginning on the day the application is made and for at least thirty days after. You may view the pesticide application records and make your own record from that information.
- (5) New or newly assigned employees must be made aware of the accessibility of the application records before working with pesticides or in an area containing pesticides.
- (6) When storing pesticides, you must, at least once a year, perform an inventory of the pesticides stored in any work area.
- (7) The pesticide inventory records must include the following information:
  - (a) The location where the pesticide is stored;
  - (b) The year, month, day, and time the pesticide was first stored;
  - (c) The product name used on the registered label and the United States Environmental Protection Agency Registration Number, if applicable, of the pesticide that is stored; and
  - (d) The amount of pesticide in storage at the time of the inventory.
- (8) You must maintain a record of pesticide purchases made between the annual inventory dates.
  - (a) Instead of this purchase record, you may obtain from distributors from whom you buy pesticides, a statement obligating the distributor to maintain the purchase records on your behalf to meet the requirements of this section.
  - (b) We may require you to submit all purchase records covering the purchases during a specified period of time or in a specified geographical area.
- (9) When you end all pesticide activities, you must file the records with us. Anyone who succeeds or replaces you must retain the records required by this section, but that person is not liable for any violations you commit.
- (10) You must ensure that the records required under this section are readily accessible to us for inspection. You must also provide copies of the records on request, to:
  - (a) An employee or the employee's designated representative in the case of an industrial insurance claim filed under Title 51 RCW with the department of labor and industries;
  - (b) Treating health care personnel; or
  - (c) The pesticide incident reporting and tracking review panel.
- (11) The designated representative or treating health care personnel are not required to identify the employee represented or treated.

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**WAC 296-307-14505 (Cont.)**

- (12) We will keep the name of any affected employee confidential according to RCW 49.17.080(1).
- (13) When treating health care personnel request records under this section, and the record is required to determine treatment, you must provide copies of the record immediately. Information for treating health care personnel must be made immediately available by telephone, if requested, with a copy of the records provided within twenty-four hours. For all other requests, you must provide copies of the records within seventy-two hours.
- (14) If requested, you must provide copies of records on a form provided by the department.
- (15) If you suspect that an employee is ill or injured because of an exposure to one or more pesticides, you must immediately provide the employee with a copy of the relevant pesticide application records.
- (16) If you refuse to provide a copy of a requested record, the requester may notify the department of the request and your refusal.
  - (a) Within seven working days, we will request that you provide us with all pertinent copies of the records, except that in a medical emergency we will request within two working days.
  - (b) You must provide copies of the records to us within twenty-four hours after we request.
- (17) We inspect for the records required under this section as part of any on-site inspection of a workplace conducted under this chapter or chapter 49.17 RCW. We will determine, during the inspection, whether the records are readily transferable to a form adopted by the department, and readily accessible to employees. However, your records will not be inspected more than once in any calendar year, unless a previous inspection has found recordkeeping violations. If recordkeeping violations are found, we may conduct reasonable multiple inspections, according to department rules. Nothing in this section limits our inspection of records pertaining to pesticide-related injuries, illnesses, fatalities, accidents, or complaints.
- (18) If you fail to maintain the records, or provide access to or copies of the records required under this section, you will be subject to penalties authorized under RCW 49.17.180.
- (19) The department of labor and industries and the department of agriculture will jointly adopt by rule, forms that satisfy the information requirements of this section and RCW 17.21.100.

[Statutory Authority: RCW 49.17.010, .040, .050. 00-17-033 (Order 01-14), § 296-307-14505, filed 08/08/01, effective 09/01/01. Recodified as § 296-307-14505. 97-09-013, filed 4/7/97, effective 4/7/97. Statutory Authority: RCW 49.17.040, [49.17.]050 and [49.17.]060. 96-22-048, § 296-306A-14505, filed 10/31/96, effective 12/1/96.]

**WAC 296-307-14510 What do the pesticides forms look like?**

**WAC 296-307-14510 Pesticides application record (version 1).**

State of Washington  
Department of Agriculture  
Olympia, Washington 98504

**PESTICIDE APPLICATION RECORD (Version 1)**  
**NOTE: This form must be completed same day as the**  
**application and it must be retained for 7 years.**  
**(Ref. RCW 17.21)**

1. Date of Application - Year: ..... Month: ..... Day: ..... Time: .....
2. Name of person for whom the pesticide was applied: .....  
Firm Name (if applicable): .....  
Street Address: ..... City: ..... State: ..... Zip: .....
3. Licensed Applicator's Name (if different from #2 above): ..... License No.: .....  
Firm Name (if applicable): ..... Tel. No.: .....  
Street Address: ..... City: ..... State: ..... Zip: .....
4. Name of person(s) who applied the pesticide (if different than #3 above): .....  
..... License No(s). if applicable: .....
5. Application Crop or Site: .....
6. Total Area Treated (acre., sq. ft., etc.): .....
7. Was this application made as a result of a WSDA Permit? ☐ No ☐ Yes (if yes, give Permit No.) #.....
8. Pesticide information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg No.	c) Total amount of Pesticide Applied in Treated Area	d) Pesticide Applied/Acre (or Other Measure)	e) Concentration Applied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Address or exact location of application: NOTE: If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.
10. Wind direction and estimated velocity during the application: .....
11. Temperature during the application: .....
12. Apparatus license plate number (if applicable): .....
13. ☐ Air ☐ Ground ☐ Chemigation
14. Miscellaneous Information:

**WAC 296-307-14510 (Cont.)**

Location of Application (if the application covers more than one township or range, please indicate the township and range for the top left section of the map only):

Township.....

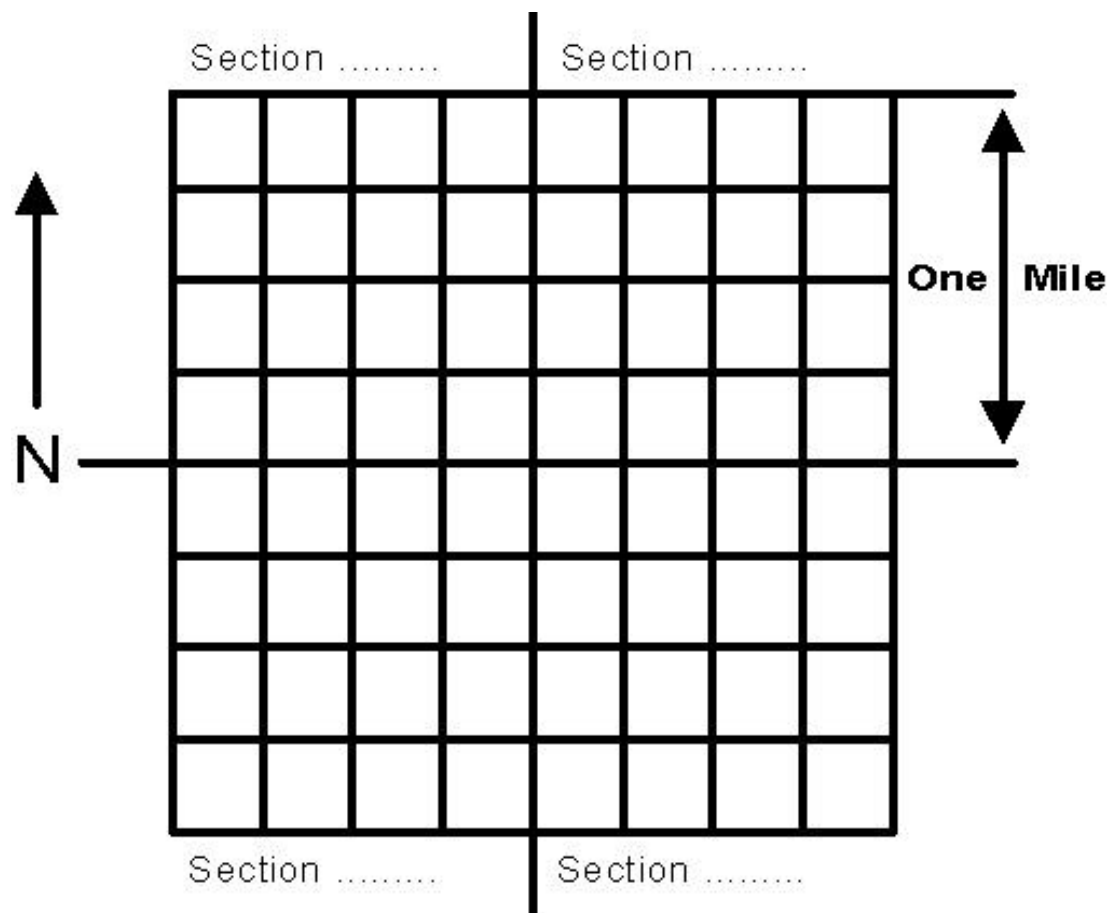
Range: E or W (please indicate).....

Section(s):.....

County:.....

**PLEASE NOTE:**

The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



Miscellaneous Information:

***Location of Application:*** (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only):

**COUNTY:** \_\_\_\_\_

Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.

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**WAC 296-307-14510 (Cont.)**

State of Washington  
Department of Agriculture  
Olympia, Washington 98504

**PESTICIDE APPLICATION RECORD (Version 3)**

**NOTE: This form must be completed same day as the application and it must be retained for 7 years. (Ref. RCW 17.21)**

1. Date of Application - Year: ..... Month: ..... Day(s): .....
2. Name of person for whom the pesticide was applied: .....  
Firm Name (if applicable): .....  
Street Address: ..... City: ..... State: ..... Zip: .....
3. Licensed Applicator's Name (if different from #2 above): ..... License No.: .....  
Firm Name (if applicable): ..... Tel. No.: .....  
Street Address: ..... City: ..... State: ..... Zip: .....
4. ☐ Air ☐ Ground ☐ Chemigation
5. Application Crop or Site: .....
6. Total Area Treated (acre., sq. ft., etc.): .....
7. Was this application made as a result of a WSDA Permit? ☐ No ☐ Yes (if yes, give Permit No.) .....
8. Pesticide information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg No.	c) Total amount of Pesticide Applied in Treated Area	d) Pesticide Applied/Acre (or Other Measure)	e) Concentration Applied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Address or exact location of application. NOTE: If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.

10. Date	11. Name of person(s) making the application	12. License No.	13. Apparatus Lic. Plate No.	14. Time Start      Stop	15. Acres Completed	16. Wind Dir.      Vel.	17. Temp

WAC 296-307-14510 (Cont.)

10. Date	11. Name of person(s) making the application	12. License No.	13. Apparatus Lic. Plate No.	14. Time Start      Stop		15. Acres Completed	16. Wind Dir.      Vel.		17. Temp

Location of Applicaton (if the application covers more than one township or range, please indicate the township & range of the top left section of the map only):

Township: \_\_\_\_\_ N

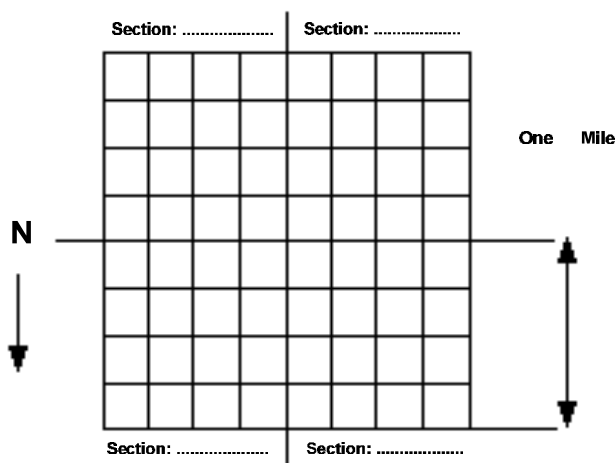
Range: E or W (please indicate) \_\_\_\_\_

Section(s): \_\_\_\_\_

County: \_\_\_\_\_

**PLEASE NOTE:**

*The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treate*



Miscellaneous Information



WAC 296-307-14510 (Cont.)

State Department of Labor & Industries  
Division of Industrial Safety & Health  
PO Box 207  
Olympia, WA 98507-0207



## PESTICIDE STORAGE RECORD

1. Name of person storing pesticide

2. Name of pesticide owner

Telephone

3. Owner's address

City

State

Zip

4. Pesticide Information

Date	Product Information	Active Ingredients (common name)	EPA Reg. No.	Amount Stored

6. Location Storage:

b) Street address

b) If a street location is not appropriate, pinpoint the location of the storage and describe the location:

Township N

Range E or W

Section(s)

County

[Statutory Authority: Chapter 49.17 RCW. 96-22-048 (Order 96-10) §296-306A-14510 filed 10/31/96, effective 12/1/96.]

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**WAC 296-307-14520 What are the department's recommendations for cholinesterase monitoring? (Nonmandatory)**

- (1) We recommend that you implement a screening program for cholinesterase monitoring for employees handling organophosphate and carbamate pesticides.
- (2) Red blood cell and plasma cholinesterase testing of employees who handle toxicity class 1 or 2 carbamate or organophosphate pesticides is an acceptable bioassay method for determining the extent and effects of exposure to these types of pesticides. The schedule of testing should include a preexposure baseline level, followed by periodic monitoring during the period of exposure.
- (3) You should provide baseline cholinesterase tests for all employees handling carbamate or organophosphate pesticides for 30 hours or more in any 30-day period.
- (4) Employees should be given baseline tests before actual exposure, at the beginning of the growing season, or upon first hire. These baseline tests should be repeated every two years.
- (5) Periodic tests should be conducted every 30 days after the initial baseline for the next three months, and every 60 days thereafter until organophosphate or carbamate pesticide exposure ceases.
- (6) You should not allow a monitored employee to be further exposed to carbamate or organophosphate pesticides if any cholinesterase test in comparison to the baseline is less than 70% of red blood cell baseline levels or 60% of plasma baseline levels. These employees should not be further exposed to organophosphate pesticides until their cholinesterase levels return to 80% or more of their baseline levels.
- (7) Employees should be monitored for plasma or red blood cell cholinesterase levels.
- (8) Monitoring programs should include appropriate follow-up and referrals to health care providers as needed, and should include a mechanism for recordkeeping and report tracking.

[Recodified as § 296-307-14520. 97-09-013, filed 4/7/97, effective 4/7/97. Statutory Authority: RCW 49.17.040, [49.17.]050 and [49.17.]060. 96-22-048, § 296-306A-14520, filed 10/31/96, effective 12/1/96.]

**WAC 296 307-**

State of Washington  
Department of Agriculture  
Olympia, Washington 98504

**PESTICIDE APPLICATION RECORD (Version 2)**

NOTE: Application information must be completed on the same day as the application and must be retained for seven years. (Ref. RCW 17.21)

1. Name and Address of Person for Whom Pesticide was Applied: _____ _____ _____ _____					2. Applicator Name and Address if different from (1): _____ _____ _____ Tel. No. _____ Lic. No. _____			
3. Address or exact location of application (NOTE: If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.)					3. Misc. Info.: _____			

5. Date and Time of Application	6. Crop or site Treated	7. Acres Treated (or other measure)	8. Product Name	9. EPA Registration number	9. <u>Amount of Product Applied</u> Rate per acre (or) other measure	Test Product Applied	11. Concentration	12. Weather conditions, Apparatus License Plate No. and Name and License No. of person(s) who applied pesticide
	<input type="checkbox"/> <input type="checkbox"/> Ground <input type="checkbox"/>		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	
	<input type="checkbox"/>  Chemigation		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	
	Ai  Chemigation		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	
	Air <input type="checkbox"/> Ground <input type="checkbox"/>		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	